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ABSTRACT

The manual is intended to help elementargy grade students to develop greater awareness and acceptance of individuals with disabilities. Activities are divided into specific disabilities (arranged from least to most difficult to understand): (1) blindness, (2) deafness, (3) physical disabilities, (4) mental retardation, and (5) learning disabilities. Most of the disability categories includes descriptions of simulation activities and suggestions for speakers, discussion topics, games, written activities, and skill development. A section on resources and background information presents a series of 2-page "handi helps" providing basic information on such topics as appropriate terminology, cerebral palsy, wheelchairs, epilepsy, and recreation and sports for persons with disabilities. A glossary is included. (CL)

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What's it Like?

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What's It Like?

The title of this manual comes from questions commonly asked by elementary school children: What is it like to be blind, to be in a wheelchair, to be deaf, to be mentally retarded ...? Although no one can really know what it is like to have a disability unless one actually does, this manual is intended to help children better answer the many questions they have about individuals with disabilities and to develop a better idea of what it might be like to be blind or deaf, etc.

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What's It Like?

An Activity Manual
To Develop
A Greater Awareness And Acceptance Of
Individuals With Disabilities

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Bulletin 525A

Table of Contents

This manual is divided into eight sections: five on specific handicapping conditions (arranged from least to most difficult to understand), one on disabilities in general, a resource section and a glossary section.

When teachers/4-H leaders/others are deciding which disabilities to cover, they should start with those that are easiest for children to understand and those that are known by and are significant to the children e.g. a disability that a classmate has.

Activities are included for youth of all ages. When selecting activities, teachers/others can decide what is appropriate for the youth they are working with. Ideas can be used as presented or they can serve as a starting point for a teacher's own creative thoughts and unique situation.

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Preface

This activity manual was funded by a grant from the Colorado Department of Education, utilizing P.L. 94-142, Title VI-B funds. The same grant, in cooperation with the CSU Cooperative Extension Service, also funded and is funding the educational program "MEET THE NEW KIDS ON THE BLOCK."

The manual serves as a follow-up to that educational program, which is designed to provide accurate information about various handicapping conditions, help individuals become more sensitive to and accepting of peers with disabilities, help develop positive attitudes toward people with handicaps, show the many things that individuals with disabilities can do and assist positively with the mainstreaming process in our schools, 4-H and other groups. The copyrighted program was created by Barbara Aiello, Kids on the Block, Inc.

The simulation activities, games, discussion topics, written projects, potential speakers, skill development ideas and background information included in this publication reinforce the goals/purposes of "KIDS ON THE BLOCK." The manual also provides teachers/4-H leaders/others with additional ways of increasing student's/4-Her's knowledge, awareness and sensitivity concerning individuals with disabilities.

For those who are not familiar with the educational program but are interested in this subject area and the acquisition of the goals mentioned, this manual will be useful. For example, many schools have handicapped awareness days or have units on people with differences. The ideas that follow will be helpful when developing lesson plans, curriculum and programs.

Through accurate educational information and contact with individuals with disabilities, awareness will develop, and with awareness positive attitudes will develop and with positive attitudes there will be acceptance, development of friendships and the inclusion of people with disabilities, which should occur naturally, but often does not.

General Activities

General Activities

(The ideas presented in this section can be used to learn more about any disability. Also refer to the sections that deal with specific disabilities.)

Simulation Activities

- So students can better understand the challenges youth with disabilities face, assign or have a student draw from a hat a disability at the beginning of class. The teacher/leader also should draw a disability. The class or meeting should be conducted as usual with each member operating with his/her disability. Each person is to keep his/her disability throughout the class or meeting, doing all the assignments or tasks. The longer the simulation is done the better a child's appreciation will be for a person with that disability.
- Children may want to do the above activity with their parents at a PTA, PTO, parents night.

[Be sure to see sections dealing with specific handicapping conditions for more activities and ideas.]

Speakers

- Invite a person with a disability to visit your class or group. Be sure the person is willing to share experiences and feels comfortable answering children's questions. Because someone is handicapped, does not mean he/she automatically will be a good speaker. Additionally, be sure to inform the speaker of the classes' agenda and what expectations you have. This activity is good for non-handicapped and will provide youth with disabilities with a role model. See pages 49-51 for resources to contact to find a speaker.
- Visit a facility for persons with disabilities, e.g. sheltered workshop, group home, rehabilitation center. Or invite a person from a facility for handicapped individuals to come to your class.
- Take a tour of a model home built specifically for a person with a disability. Look for modifications in the kitchen, bathroom, doorbell, light switches, windows, etc. Have the realtor explain all the features.

Discussion Topics

- What does it mean to have a disability?
- What are some types of disabilities? Make a list of them.
- Discuss the causes of various handicaps. Some people are born with handicaps, some become handicapped because of an accident, injury or illness. Sometimes as grandparents get older they develop a handicap, e.g. loss of hearing, loss of sight, difficulty walking.
- Discuss how some handicaps can be prevented. Children could practice safety when riding a bicycle, crossing the street, diving into water, using tools, by having immunization shots, taking care when using firecrackers, buckling seat belts.
- Have each person in the group name someone they know that has a disability. Have them explain what the disability is and what it means.
- Have the children discuss if anyone in their family has a disability, and if so what it is.
- Have the children discuss whether anyone in their school has a disability, and if so what the handicap is.

- Have the children discuss handicaps they have. Do they have to do things differently? Handicaps could include wearing glasses, having a quick temper, being shy, being overweight, etc. as well as the more obvious ones.
- Persons with disabilities and persons who are able bodied are more alike than they are different. Have the students discuss all the ways people are alike.
- Discuss how people with disabilities may have to do things differently.
- Discuss how the children feel when they see a person who is handicapped.
- Discuss things you could do to make a classmate with a disability feel accepted. This might include smiling, talking to the person, selecting them to be on your team, offering assistance, inviting them to join a club you are in.
- Discuss if the students have ever felt different or have been in a group where no one talked with them, or where people stared at them. Discuss how it made them feel.
- Discuss what mainstreaming or integration means.
- Discuss the advantages of having handicapped peers mainstreamed into schools, 4-H clubs, etc., or have the class debate the benefits of a mainstreamed school.
- Discuss the social barriers that some individuals with disabilities have to face.
- Discuss architectural barriers or roadblocks people with disabilities come up against.
- Discuss which would be worse to deal with — social or architectural barriers.
- Ask what misconceptions people have about individuals with disabilities. Discuss how we can eliminate these misconceptions.
- Discuss what the children would do if they heard somone teasing a person with a disability. Have children discuss how they would like to be treated if they were blind, deaf or in a wheelchair.
- Ask the children how they would go about making friends with a peer who has a disability. Discuss whether it would be any different than making friends with a peer who is not disabled.
- Discuss the things that the children and a person with a disability could do together.
- Discuss questions and concerns that the children still have about those who have disabilities.
- Set up some role playing situations. Examples could include:

  Your class wants to visit the art museum. Five students are arranging the plans with you. One of the students is in a wheelchair. Let's listen in on their planning session.

  A group of students is interested in starting a new 4-H club. Susan and Tom are interested in joining but are concerned about being accepted. Susan has seizures, and Tom is blind. They discuss their feelings with each other.

Mary, Addie and David are making arrangements to start a new 4-H club. They too, are concerned about Tom and Susan joining their club. How do their discussions go?

Recreation plans are being made by Mark and Molly for their annual class picnic. Molly is hearing impaired. Mark wears braces. They are trying to decide what will work the best for everyone, yet be fun for all. As they make their decisions, let's see what they have to say.

Karen's mentally retarded cousin comes to spend the summer with her. Karen wants to include her cousin, who is Karen's age, when she and her friends go to the amusement park, but Karen is worried about what her friends will think. How does Karen's and her friend's conversation go?

Tim, a kid who lives down the street from Karen stops by and says "What is that retard doing here?" Karen and Tim's conversation might go something like ...

Written Activities

- Circle the terms that persons with disabilities prefer. [See Handi Helps back issue, page 29 for explanations.]

1.	retard	or	*mentally retarded person
2.	*person with Down's syndrome	or	Mongoloid
3.	*physically handicapped	or	crippled
4.	invalid	or	*physically disabled
5.	*mentally disabled	or	moron
6.	*seizures	or	fits
7.	epileptic	or	*individual with epilepsy
8.	*uses a wheelchair	or	confined to a wheelchair
9.	the handicapped	or	*persons with handicaps
10.	normal	or	*able-bodied

[*preferred term]

- Match the terms with the phrase that identifies it.

1.	(E)	mentally retarded	A.	cannot see
2.	(D)	diabetes	B.	loss of a leg or arm
3.	(I)	learning disabilities	C.	difficulty breathing
4.	(A)	blind	D.	cannot eat sweets
5.	(F)	deaf	E.	cannot learn hard things
6.	(B)	amputation	F.	cannot hear
7.	(G)	cerebral palsy	G.	difficulty walking and talking
8.	(C)	cystic fibrosis	H.	has seizures
9.	(H)	epilepsy	I.	has trouble reading, but is not retarded
10.	(J)	autism	J.	does not respond to people

• Place the letter of the definition in front of the word it defines.

1. (F)	epilepsy	A.	An inherited disorder that interferes with a child's breathing and digestion.
2. (H)	cerebral palsy	B.	Persistent fear of being with others and of what others think of you.
3. (M)	Down's syndrome	C.	Partial or total loss of one or more fingers, toes, hands, arms or legs.
4. (I)	diabetes	D.	The bones of the spine form abnormally and fail to unite in the midline of the back.
5. (G)	deaf	E.	Messages to the brain become jumbled and this makes it difficult to learn, read, spell, write.
6. (J)	blind	F.	Disturbance in the electrical patterns of the brain.
7. (K)	autism	G.	Loss of hearing.
8. (L)	mentally retarded	H.	A type of movement difficulty caused by some injury or damage to the brain suffered either before, during or after birth.
9. (A)	cystic fibrosis	I.	Malfunction of the pancreas, causing either an insufficient amount or absence of insulin.
10. (E)	learning disabled	J.	Loss of sight.
11. (B)	shyness	K.	Emotionally unresponsive and does not participate or relate with other people.
12. (D)	spina bifida	L.	Lack of intellectual development that results in problems with educational and social matters.
13. (C)	amputation	M.	Form of mental retardation resulting from one extra chromosome.

LIKE ME, LIKE YOU — I CAN, YOU CAN. Are Handicapped Kids Like You?

This activity developed by: Denver Children's Museum

Make a check mark in front of the things individuals with disabilities can do and in front of the things you can do.

A person who is physically handicapped can:	I can:
____ laugh	____ laugh
____ talk	____ talk
____ eat a hamburger	____ eat a hamburger
____ go to school	____ go to school
____ wear leg braces	____ wear leg braces
____ win a wheelchair race	____ win a wheelchair race

A person who is hearing impaired can:	I can:
____ be happy	____ be happy
____ jump	____ jump
____ talk with his/her hands	____ talk with my hands
____ wear a hearing aid	____ wear a hearing aid
____ talk clearly	____ talk clearly
____ have a fight with a friend	____ have a fight with a friend

A person who is mentally retarded can:	I can:
____ have a good time	____ have a good time
____ go to the store	____ go to the store
____ see things	____ see things
____ go to a special class	____ go to a special class
____ read a book	____ read a book
____ play baseball	____ play baseball
____ do things with his/her friends	____ do things with my friends

A person who is visually impaired can:	I can:
____ have fun	____ have fun
____ hear well	____ hear well
____ watch TV	____ watch TV
____ listen to music	____ listen to music
____ have a guide dog	____ have a guide dog
____ go for a walk	____ go for a walk
____ read Braille	____ read Braille

- Have children write their definition of a person with a disability. Break the class into groups of three and have them come up with a group definition. Have the groups present their definitions to the class.
- Have students list as many handicaps and words pertaining to disabilities as possible. This activity also could be done like a

  - Have students select a handicap to research. They could write about the causes, adaptations needed, etc. Students also could present their report orally to the class.
  - Students could elect to research and write a paper on sports in which people with disabilities participate.
  - The United Nations has designated the next 10 years (1983-1992) as the Decade of Disabled Persons. The school or 4-H club could have a poster contest to advertise this special declaration. The posters then could be posted throughout the school or stores in the community.
  - Another poster contest idea is to design posters that demonstrate ways to prevent various disabilities. For example, automobile accidents are the number one cause of disabilities and death of children over 1 year. Posters stressing the use of seat belts and car seats would be an idea. Other ideas might include not drinking if one is going to drive, going the speed limit, looking both ways before crossing the street, taking care when riding a bike on a street, etc.
  - Children also could design posters that show how people are the same, whether they have a disability or not.
  - If the students have seen the puppet show "Meet The New Kids On The Block," have them draw a picture of their favorite puppet. Or have them write a story about that puppet or a paragraph about what they learned from the presentation.
  - During art class the students could draw a picture or make a poster showing a handicapped and non-handicapped person doing something together.
  - Another idea is to make a scrap book of newspaper and magazine articles about people with disabilities.
  - Have the children make a collage of pictures of individuals with disabilities at work or participating in sports.
  - Assign a paper on occupations that people with disabilities have.
  - As a class project, students could compile a book of their own for the school library. For example, they may want to research all the sports in which people with disabilities participate. Have them arrange the information into a neat, attractive book that they could present to the school library and make available to the entire student body.

- Have children select and read a book about a disability or someone who has a disability. Subjects to look under in the card catalog include: autism, blindness, cerebral palsy, cystic fibrosis, deafness, diabetes, disability, Down's syndrome, emotionally handicapped, epilepsy, handicapped, learning disabilities, mentally handicapped, mentally retarded, orthopedically handicapped, paralysis, physically handicapped, visually handicapped.
- As a class project, students could locate all the books in the school library that deal with information about disabilities and people who have handicaps. Then they could make an attractive display with the books to encourage the student body to read them.
- Have the students write a book report on the book they read. They should tell what disability the book dealt with, what it means to have that disability, what causes the disability, what the characteristics of the disability are, what limitations the disability causes, etc. A book report form, which students could use, follows.

NAME:

_____

DATE:

_____

BOOK REPORT

TITLE OF BOOK READ: _____

AUTHOR OF BOOK: _____

TYPE OF BOOK: _____ FICTION _____ NONFICTION

COPYRIGHT DATE: _____

WHAT DISABILITY WAS THE BOOK ABOUT? _____

EXPLAIN WHAT YOU LEARNED FROM THE BOOK. _____

_____

_____

_____

WHAT CAUSES THE DISABILITY YOU READ ABOUT? _____

_____

WHAT EFFECT DOES THIS DISABILITY HAVE ON PEOPLE WHO HAVE IT? _____

_____

_____

LIST THE THINGS THAT A PERSON WITH THIS DISABILITY CAN DO. _____

_____

_____

DOES A PERSON WITH THIS DISABILITY USE ANY AIDS TO ASSIST THEM? _____

_____

_____

WHAT ARE YOUR FEELINGS ABOUT THIS DISABILITY? _____

_____

WOULD YOU WANT YOUR FRIENDS TO READ THIS BOOK? WHY? _____

_____

_____

- Have the class become pen pals with persons who have disabilities. For example, the class could be pen pals with a class at schools for the deaf or blind. After writing for several months, the classes could arrange for lunch together, a field trip or joint project.
- Present story starters to students and have them complete the story. Some story starters follow:

  Dan was known as a basketball fanatic. His goal was to become a professional basketball player like his father. Dan was tall for his age and was voted the most valuable player on his team. One day Dan was in a motorcycle accident and is now paralyzed from his waist down ...

  If tomorrow I were to become handicapped, and I could select what that handicap would be, I would choose ... (Be sure to include why.)

  A new girl has come to your school, and she is mentally retarded. The 6th grade boys are teasing her and calling her names ...

Skill Development

- Design a bulletin board for the main lobby of your school to promote handicapped awareness and eliminate common myths about those who have disabilities.
- Organize a handicapped awareness day or week for your school or club and arrange to have speakers, films, displays. This manual can be used to obtain ideas.
- Have the youth plan a handicapped awareness program for a parent's night, PTA, PTO, etc.
- Contact agencies that serve persons with disabilities to see if you can assist in some way.
- Take a tour of a facility for persons with disabilities.
- Volunteer to help with special olympics in your community.
- Have a fund raiser to assist a program for persons with disabilities.
- Make friends with a person your age who has a disability.
- Invite a person with a disability to join an extra-curricular activity with you, for example a 4-H club, campfire, boy scouts, band.
- Plan joint activities with a school for handicapped, if you have one in your community.
- Develop an accessibility check list and check the school or other buildings in the community to see if they are barrier free. Things to look for include: ramps, elevators, drinking fountains set low or paper cups next to them, telephones set low for someone in a wheelchair, wide doorways (32" wide), automatic door openers, bathrooms adapted for someone in a wheelchair.
- Keep media informed of your activities pertaining to persons with disabilities. This gives recognition to participants as well as informing and sensitizing others.

Blindness

Blindness

Simulation Activities

- Divide students into two groups; one group will be blindfolded and the other group will be sighted guides for those blindfolded. Have the student draw slips of paper on which you have written an errand or destination. These could include: going to a nearby store and purchasing a newspaper, going to the restroom and washing one's hands, getting a drink from a drinking fountain, taking the attendance slip to the office, going through the lunch line, finding a place to sit and eat one's lunch.

  Each blindfolded student should take a sighted guide's arm at the elbow and walk slightly behind the guide. Each guide should inform his/her blindfolded partner when to negotiate steps, when to turn and anything else that will help the "blind" person anticipate what is coming up. Guides may want to describe the scenery, the shops they pass, etc.

- Have the two groups reverse roles. Follow-up with a discussion of what both situations were like, problems encountered, what was helpful, what would have been helpful, whether they developed a trust in their guides, frustrations, how they felt.

- Give blindfolded students a cane or umbrella to use as a "white cane." Present several destinations on a piece of paper. Have the students draw one and moving their canes back and forth, like a blind person would, reach their destination.

- Place several objects on a table or in a box. Blindfold the students and have them select an item and identify it, by feeling, smelling, tasting, etc. Objects could include: a toy, pen, apple, crackers with peanut butter, carrot sticks, lemonade, canned pop, washcloth, bandage, shampoo, toothpaste, comb, etc. The items could be more complicated for older children.

- Discuss how a blind person would count money and pay for things with the correct amount. [They learn to feel the edges of the coins and from that and the size and thickness of the coins they can identify them. With bills they develop a folding system. For example, with a $1 bill they may place it in their wallet unfolded, with a $5 bill they may fold it in half, with a $10 they may fold it in fourths. Or they may have special compartments for the various bills. Each person who is blind develops a filing system that works well for them.]

- Blindfold students and give them various coins and bills to identify. Next give the students an amount of money using various coins and bills and have them determine the total. Give them a coin purse and ask them to give you 5 cents, 12 cents, 25 cents, 49 cents, 10 cents, 37 cents, $1.00, $5.00, etc.

- Have blindfolded students try dialing the telephone. Maybe they could call for the time of day.

- Blindfold students and have them prepare sandwiches and lemonade for a picnic. During their lunch hour, still blindfolded, the students could walk to the nearest park or on the school grounds to eat their lunch.

- Cover over one sunglass lens with masking tape or contact paper. This will simulate one-sided vision and show children what it's like for people who only can see with one eye.

- Place masking tape or contact paper over the inside half of each lens. This will represent peripheral vision.
- Save empty paper towel rolls. Have children look through the rolls, giving them the opportunity to experience what tunnel vision is like.
- Put soap or a couple of layers of cellophane on sunglass lenses. This will cause blurred and dimmed vision and help children understand what cataracts are like. Or they could tie a nylon stocking around their head, covering their eyes and have them read out loud from a book.

Speakers

- Invite a person who is blind to come to your class/club and talk about his/her blindness. Before the guest speaker comes, each student should have a prepared list of five questions they want to ask the visitor.
- Have a person who is blind come to your class and bring some Braille aids that they use, such as cooking timers, rulers, talking alarm clocks, needle threaders, beeper or audible ball, talking books, Braille watch, playing cards, talking calculator, etc.
- Invite a person who is blind and uses a white cane to demonstrate its use.
- Have a person who is blind and uses a guide dog come and demonstrate how they work as a team.
- Ask an optometrist or ophthalmologist to come to your class/club and demonstrate lenses and optical aids that can assist people with poor vision.

Discussion Topics

- Discuss all the things a blind person can do. Discuss what adaptations the blind sometimes make and/or use. This discussion will accentuate the positive and show the many things that people who are blind can do.
- A blind person is standing at a corner waiting to cross the street. You see the blind person. Discuss what you would do. Examples include: ask if the person needs help, offer to have the person who is blind take your arm as you cross the street.
- Discuss what you should do if a blind person comes into a room that you are in. Some ideas include: let the blind person know someone is in the room, let him/her know when you leave the room, if others are in the room be sure to introduce them to the person who is blind.
- Discuss how a blind person identifies things; for example, the clothes they wear, canned food in their cupboards, etc. [Usually Braille tags are put on these things.]
- Discuss where Braille should be used in public. Ideas include: elevator floor buttons, restrooms, building directories, room numbers, menus. Have students look for Braille signs in their community and report to the class.

Games

- Order a set of Braille playing cards from: American Foundation for the Blind, Consumer Products Department, 15 West 16th Street, New York, N.Y. 10011 (Cost: approx. $3.50.)
- With the cards, let the children play Fish, Concentration, Old Maid, etc. Most of the Braille playing cards have numbers as well, so be sure students play blindfolded.
- Design and construct a checkerboard and checkers that could be used by a blind person. Once the board and checkers are made, blindfold two students and have them play a game. Let the students use their creativity in designing the board and checkers. If they have difficulty, some ideas include: put a raised X on the black checkers and a raised 0 on the red checkers, also the black squares could be higher than the red squares. When students are done using the board maybe they would like to give it to a school for the blind or to an agency that serves the blind if they do not have any visually impaired individuals at their school or in their club.

Written Activities

- Collect articles from magazines and newspapers about people who are blind. Have students share their findings with the class or display them on a bulletin board.
- Have the students do a research paper on a blind person and the contributions he/she has made. Have the students share their papers.

Skill Development

- Write for Braille alphabet cards from the National Federation of the Blind, 1800 Johnson Street, Baltimore, Md. 21230 or call (301) 659-9314. Once the cards arrive have the students find the letters that make-up their name or some other words. Get some Braille books from the library and have them translate the Braille.
- Check out some Braille books from the local library. If it doesn't have any, ask if the library can order some through interlibrary loan. Share the books with the children so they can feel how a blind person reads. Also obtain some large print books, so the students can see how persons with poor vision read.
- Obtain a Braille menu from McDonald's Hamburgers and have the students translate the menu.
- Bring to the group several egg cartons and ping pong balls. Cut the egg carton in half, so there are six spaces--two rows of three. Example:

  . .
  . .
  . .

  This example represents the Braille cell. Now use the ping pong balls to represent the Braille dots and form the various letters of the Braille alphabet. Have the students construct letters and then words while others "decode" the message. Students can use their Braille alphabet cards as a reference.
- The class can prepare a hands-on exhibit of Braille items. The exhibit could be set up for the rest of the school to view and feel. Or the exhibit could travel to each class.

- Using thick yarn, have children create pictures of a single object. The students could glue the yarn in the shape of a house, tree, flower, etc. After the pictures are completed have the children blindfold themselves and pass the pictures out for the other students to feel and identify. Have each student report what he/she thinks the picture is. When everyone has had a turn each should take off blindfolds and see if his/her guess is correct. This is a good way for students to learn how a blind child is taught words and what objects look like. When the class is done with the yarn pictures, send them to a pre-school that has blind children, so they can use them.
- Call a nursing home and see if any residents who have low vision or are blind would like to have a student read for them. This could be a good community service project. Or, have the students tape record books, magazine articles or newspaper articles and take these to the nursing home.

[Refer to General Activities section for more ideas.]

Deafness

Deafness

Simulation Activities

- Divide the group in half. Have half the group discuss a current event in a whisper; have the other group sit on the other side of the room and try to hear what is being said. Discuss afterwards how the removed group felt having to strain to hear, how it felt not to be able to hear and understand all that was being said.
- Show a short film with the sound turned off. After the film have a discussion related to what it was like not to hear. Ask students to explain what the film was about. How could they tell what it was about? Show the film again this time with the sound on. Let the students discuss how close they were to being right. Also have the class discuss what could be done to help a person who is deaf better understand movies. Aids could include captioning at the bottom of the film, a written script, the ability to read lips.
- Have students wear headphones or ear plugs the whole day to get a better appreciation for what a hearing impairment is like.
- Give the next day's class assignment while students wear ear plugs or ear phones. Now have them tell you what their assignment is. Or, have students pair off and discuss their plans for the weekend; discuss their favorite sport, TV program, hobbies, etc. Once again have the students clarify what the other said.
- During a PE class or recess, when children are playing a game or sport, have them wear ear plugs. Have them discuss what it is like. The longer simulation activities are allowed to go on, the more insight students can obtain on what it might be like to be deaf.

Speakers

- Have an interpreter come and sign for a portion of the class period, so the children can see signing. Ask the interpreter to teach the students some sign language.
- Have an audiologist come and demonstrate how hearing is tested.
- Have a person who sells hearing aids come and explain and demonstrate how hearing aids work.
- Contact a local handicapped information office and ask to have someone with a hearing dog come and give a demonstration.

Discussion Topics

- Discuss the various causes of deafness and hearing impairments.
- Discuss ways students could communicate with a classmate who is deaf, i.e., they could learn to sign, write what they want to communicate, learn to finger spell.
- Discuss how people who are deaf know when someone is at their door, or how a mother who is deaf knows when her baby is crying or how a person who is deaf uses a telephone. [The doorbell often is hooked to a strobe light or a lamp that turns on when someone rings the doorbell. Young mothers may have a hearing dog that alerts them to their crying baby. Most deaf people have TTY (teletypewriter)/TDD (telecommunication devices for the deaf) in their homes.]

Games

- Have students play a card game or checkers or any other board game with ear plugs in and without verbally communicating out loud.
- Play a game of charades, acting out a movie, book, or song and have the other players try to guess its title. The person doing the pantomine or acting out may not speak. This will help point out the frustration of trying to communicate without talking or being able to hear.

Written Activities

- Write a paper on what Willard J. Madsen is sharing in his poem "You Have To Be Deaf To Understand." The students also may want to discuss how individuals who can hear can be more helpful to those who are deaf. They may want to respond to Mr. Willard's poem with a poem.

YOU HAVE TO BE DEAF TO UNDERSTAND

"What is it like to be a small child, in a school,
in a room void of sound
With a teacher who talks and talks and talks
And when she comes around to you,
She expects you to know what she's said?"

"What is it like to be curious,
to thirst for knowledge you can call your own
With an inner desire that's set on fire...
And you ask a brother, sister or friend
Who look in answer and says, 'Never mind'?"

"What is it like to be shouted at
When one thinks that will help you hear
Or misunderstand the words of a friend
Who is trying to make a joke clear
And you don't get the point because he's failed?"

"What is it like to have to depend
Upon one who can hear to phone a friend
Or place a call to a business firm
And be forced to share what's personal, and
Then find your message wasn't clear?"

"What is it like to be deaf and alone
In a company of those who can hear
And you only guess as you go along,
For no one's there with a helping hand
As you try to keep up with words and song?
You have to be deaf to understand."

Skill Development

- Have the children learn to finger spell and use it in class. Cards with the finger alphabet can be obtained from the Center on Deafness, 2250 Eaton St., Edgewater, Colo. 80214; (303) 235-0015 TTY/Voice. Other sources are: The National Association for the Deaf, 814 Thayer Avenue, Silver Spring, Md. 20910; or Gallaudet College, Public Service Programs, Kendal Green, Washington, D.C. 20002.
- Have an interpreter or a deaf person teach the children sign language that they can use in class.
- Find out what business/agency in your community has a TTY (teletyprewriter) or TDD (telecommunication device for the deaf) and go there to see them demonstrated. Usually colleges, hospitals, libraries, and handicapped information offices will have one. If you cannot locate a TTY/TDD call the Center on Deafness for information (303) 235-0015. A company that sells portable TTY/TDD is another good resource.

[Refer to General Activities section for more ideas.]

Physical Disabilities

Physical Disabilities

Simulation Activities

- Have your students tie their dominant hands behind their backs and then perform various activities like writing, turning the pages in a book, eating, stapling papers together, putting a rubber band around three pencils, playing volleyball, swimming, doing jumping jacks. Discuss any difficulties in doing these activities and mention clever adaptations that helped.
- Have each student put his/her dominant arm in a sling for a day. The students should write, take notes, eat their lunch and continue with the rest of their daily activities. This will simulate a broken arm, or a person without the use of an arm.
- Put a splint on one or both of each student's legs. Yard sticks tied to the leg(s) or a magazine tied around the knee(s) work well. Have the students leave the splint(s) on for the whole day and do whatever they normally would do--walk, go up and down steps, play ball, etc.
- Borrow several wheelchairs from a drugstore, hospital or medical supply store so that the children can experience getting around in a wheelchair. Have them go in and out of doors; get a drink from a drinking fountain; go to the library and select some books; go to the restroom; wheel across some grass, gravel, smooth cement, carpet, linoleum, go up a ramp.
- Have the students discuss what it was like, if they got tired, if their hands got dirty, if it took them any longer to get places, etc.
- Place ankle weights around students' ankles, cover each with an ace bandage, and have the students use crutches that can be borrowed from a drug store, hospital or medical supply store. This will simulate a broken leg or a disability which requires a person to use crutches. Have the students walk to the other end of the school, go up and down stairs, carry their books from class to class, go out to recess, etc. Have them discuss what it was like, if they got tired, if their underarms got sore, if it took them any longer to get places.
- Have students put a couple of thick pairs of gloves or socks on their hands and try to tie their shoes, button their shirt, zip their jacket, open a can of pop, pick up coins, put a puzzle together. This will help children understand a lack of fine motor coordination that a person with cerebral palsy might experience.
- Some people who do not have arms or the use of them still can write, draw or paint. So the students can better appreciate this, have them try drawing, painting or writing with a pencil in their mouths.
- Some people who do not have arms prefer to use their feet to draw or write, etc. Have the students try various things using their feet; for example, write their name, paint, butter a slice of bread, put on lipstick, comb their hair, wash dishes. To demonstrate how individuals can adapt, do things differently and end up with the same result, show the film "One Day In The Life Of Bonnie Consolo." This woman born without arms can do everything with her feet. Check your public library or school district for the film.
- So children can understand some of the disabilities their grandparents may have, have them tie pillows or thick foam rubber to their feet and try walking. This simulates poor balance.

- Have each student tie weights to his/her left wrist and left ankle. This weight produces a heaviness of limbs, similar to what a person who has had a stroke experiences. Have students do various activities wearing the weights.
- Obtain a walker from a drug store or a medical supply store. Have some of the students spend the day using it. Possibly some of their grandparents use a walker.

Speakers

- Invite a group of wheelchair square dancers to perform at your school.
- Invite a wheelchair basketball team to play your school basketball team.
- Have someone with cerebral palsy come and demonstrate how they use their communication board. Have each student make a communication board, using a piece of cardboard and marking pen. The alphabet may be on the board so the students can point to the letters to spell words, numbers may be on it or perhaps key words like mom, dad, yes, no, drink, eat, bathroom. Have students use the boards, as their only means of communication for a whole day. You could use one as well. Have the students discuss what using a communication board is like. Discuss why a communication board is good. Discuss the frustrations of using one. The communication board also can be used by people with aphasia, which often results from a stroke and impairs a person's verbal ability to express thoughts and responses.

Discussion Topics

- Explore a municipal building, your school or the playground to see if it is accessible to persons with physical disabilities. Before the inspection, have students discuss things they should look for and write up a check list to use. Things to look for might include: automatic doors, bathrooms equipped with a sink a wheelchair can get under, a toilet stall for a wheelchair, grab bars, lowered mirror in bathroom, lowered towel dispenser, lowered drinking fountain, lowered phone booths, elevators, ramps, hard and smooth surfaces so a wheelchair can move along with ease, parking spaces for the handicapped, curb cuts.
- After students have completed their inspection of buildings, have them discuss and/or write a report on how the building they inspected could be improved to make it more accessible to a person in a wheelchair or one who uses crutches.
- Dicuss how ramps for people in wheelchairs could be beneficial to other people. Points that could be made include: ramps are easier for elderly people to use than stairs, it is easier to carry things up a ramp than up stairs.
- Home economics classes could discuss how a kitchen could be made more accessible for a person in a wheelchair. Items to keep in mind include: lowered light switches; sink lowered and open underneath, so a wheelchair can get under the sink; lowered counter tops; side-by-side refrigerator; stove controls in front rather than on a back panel.

Written Activities

- The youth can do a report on new aids, appliances or prosthetic devices that are available to assist people who are physically disabled. If children become knowledgeable about these aids they will be more likely to see beyond the wheelchair and see the person in the chair. Devices students might be interested in include: hand controls for automobiles; computers that can open doors, call people, turn on lights; electronic implants; electric wheelchairs.
- An art class or drafting class could design a house for a person that is in a wheelchair.

[Refer to General Activities section for more ideas.]

Mental Retardation

Mental Retardation

Simulation Activities

- Orally give a student 10 or 15 simple directions, very quickly and only once. After you have done so, ask the child to do all tasks in the exact order you gave them. Directions could include: stand up, sit down, stand up, turn around, touch your toes, touch your ear, clap your hands, say hi, sing a song, sit down, count to 10. Or you could write a 10-digit number on a large card, quickly show it to the class, and with the card down ask the class to write down the number. This exercise demonstrates a feeling of confusion and frustration at being told too much, too quickly--a feeling mentally retarded persons experience when someone tells them to do something.
- Have the students discuss how it felt to receive all those directions and not be able to remember them.
- Have students read a highly technical book, with words they do not know, formulas they cannot understand, etc. Then ask them to explain what they have just read. This puts the students in a similar situation to what mentally retarded people find if they are expected to read and understand what a non-retarded person their age would read and understand.

Discussion Topics

- Discuss how one should treat a mentally retarded person. Points to bring up include avoidance of teasing, ignoring, treating them like children when they are adults.
- Discuss how one could teach a mentally retarded person to play a game, count money, knit, cook, etc. Ideas include: use simple language, but don't treat them or talk to them like babies if they are not; repeat directions; teach just one step or task at a time; break down the skill being taught into little simple steps (task analysis).

Written Activities

- Have students select a skill to teach to a mentally retarded person. Have the students task analyze their skill into simple steps. For example, if a student wants to teach a person to wash his/her hands, the student might task analyze this skill in the following way:

  Turn cold water on.
  Turn hot water on.
  Test water.
  Adjust water temperature to get it warm.
  Wet hands.
  Pick up the soap.
  Rub bar of soap between hands.
  Put soap down.
  Rub hands together to make lots of lather.
  Rinse hands thoroughly.
  Turn off hot water.
  Turn off cold water.
  Dry hands.

- Have the student check their neighbor's task analysis to see if any additional steps should be added to make the skill as simple as possible to learn.

[Refer to General Activities section for more ideas.]

Learning Disabilities

Learning Disabilities

Simulation Activities

- Give each student a 3x5 index card and a pencil. Have each student hold the card on his/her forehead and write his/her name. Have the students look at each others card while they still are on their foreheads; they should not look at their own, however. Have the students share what they see. Ask each to express whether they believe they wrote their name correctly. Now have the students take their cards down and look at what they have written. This activity simulates what some children with learning disabilities go through when they write.
- On the back side of the card have the students hold the card on their foreheads and write their home addresses and phone numbers. What happened to the numbers? Did they think they had done the task correctly? Have them share how it felt to try their hardest and still get things wrong?
- Have the students stand in front of a mirror and place a writing pad on their chest and looking into the mirror write the alphabet. Next have them write the numbers 1 through 25.
- Have the students look into a mirror and hold a book up so that the print shows in the mirror, now have them read the page.

Speakers

- So that students can better appreciate their peers with learning disabilities, have the resource teacher come into your class and explain what it is like to have a learning disability. Have her bring examples of written work done by students with learning disabilities. Have the children try to read their work.
- Have the resource teacher take the students into the resource room and explain what students do when they come to this room.
- Have the resource teacher lead the students through some of the activities that are done with students who have learning disabilities.

[Refer to General Activities section for more ideas.]

Resources and Background Information

Resources And Background Information

If you wish to have your name added to the Handi Helps mailing list, send your name, title and mailing address to:

Mrs. Pauline Odegard-Johnson, M.S.
4-H Handicapped Programs Coordinator
134 Aylesworth Hall, N.W.
Colorado State University
Fort Collins, Colorado 80523

There is no charge for this monthly publication.

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April 1983

TERMINOLOGY. This issue of HANDI HELPS will discuss accurate and considerate terminology to use when referring or relating to individuals with disabilities. Words that should be avoided will be listed as well. In general, the words to avoid convey a negativeness and imply pity and a general lack of competence on the part of the person with the disability. Our language reflects our attitudes; the use of negative terms serves to erect an attitudinal barrier, which can be more destructive than any physical barrier. It is important to remember that first and foremost is the person, not their disability. There are a wealth of positive expressions; make an effort to use them. Using appropriate terminology will be appreciated by all and will identify you as an up-to-date and sensitive person.

AVOID:	USE:	EXPLANATION:
The handicapped, the disabled	Individuals with disabilities, persons with handicaps OR Handicapped individuals, disabled individuals	The words handicapped and disabled should not be used as nouns. As nouns the words convey a separate or inferior status. The words handicapped and disabled may be used as adjectives. As adjectives the words are more positive and convey equality.
Normal	Able-bodied or non-disabled individuals	When the word normal is used to describe nonhandicapped persons it tends to demean disabled persons by suggesting that they are abnormal or subnormal.
Mongolism	Down's Syndrome	Mongolism was used because one of the distinguishing characteristics of Down's Syndrome is an oriental-looking slant of the eyes. However, referring to a person with Down's Syndrome as a Mongoloid is offensive and such usage is discouraged.
Retard, idiot, imbecile, moron, mental defective, feebleminded	Mental retardation, mentally handicapped, mentally disabled	The words listed under AVOID are archaic classifications and should no longer be used. They promote negative stereotypes.

AVOID:	USE:	EXPLANATION:
Spastic	His/her muscles are spastic	People are not spastic, their muscles are.
Sickness and illness when referring to mental retardation or cerebral palsy	Mental retardation and cerebral palsy are permanent disabilities	Mental retardation, cerebral palsy are not contagious or something one gets over.
Epileptic	Individual with epilepsy	He/she is first and foremost a person; having epilepsy is just one of the characteristics of the person. Epilepsy is something people have, not what they are.
Fits	Seizures	Seizure is the preferred and up-to-date term to use.
Lame, crippled, invalid, deformed, maimed	Physically handicapped, physically disabled	The words to be AVOIDED imply a weakness and inability to do things. Physically handicapped individuals have many abilities and can do many things.
Confined to a wheelchair, crutches, braces	A person who uses a wheelchair, a person who uses crutches, a person who wears braces	Wheelchairs and crutches do not confine a person; instead, they give an individual the freedom to go to work, to travel, to go shopping, to participate in sports, etc.
Vegetable	He/she is in a coma, he/she is physically handicapped	A person is not a vegetable; carrots, cucumbers, etc. are.
Exceptional or special child	He/she is gifted, he/she has a learning disability	Be specific; exceptional and special are unclear and can mean either a child who is gifted or one who is handicapped.

Other words to avoid include: afflicted with, victim, poor, unfortunate, pitiful, suffers from, cerebral palsied individual, dumb (unable to speak).

If you hear someone use an inappropriate word(s) when referring to persons with disabilities, you should not hesitate to correct them. A friendly, but firm explanation of why the term(s) is unacceptable will usually be accepted and appreciated. One can also paraphrase what the individual has said using the preferred terminology.

RESOURCES: Colorado Developmental Disabilities Council: "Fit to Print". Denver, CO

Pauline Odegard-Johnson, M.S.
4-H Handicapped Programs Coordinator

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is dedicated to serve all people on an equal and nondiscriminatory basis.

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January 1981

HANDI HELPS FORMAT

Beginning with this issue, each month of Handi Helps will devote itself to a specific handicapping condition. Background information, tips for working with this disability, resources, as well as other helpful information will be provided.

Proposed disabilities to be covered in the coming year include: visual impairments/blindness, hearing impairments/deafness, mental retardation, learning disabilities, orthopedic handicaps, cerebral palsy, speech impairments, emotional handicaps, health impairments, autism, and giftedness.

VISUALLY IMPAIRED

Visual handicaps range from the total absence of sight to the partially-sighted. A visually handicapped person may be congenitally blind if (s)he is born with limited sight, or may have acquired the impairment sometime during his/her life. Depending on the amount of sight loss and when the sight loss occurred, the person will require varying degrees of assistance. (Reminder: Don't handicap a visually impaired individual by determining what you think that person can or cannot do. A blind person usually can or has made adaptations to enable him to participate in anything he wants.)

IN CASE YOU'RE WONDERING...the difference between the Legally Blind and Visually Impaired. A person is considered to be legally blind if he sees at 20 feet what a person with normal vision can see at 200 feet. Therefore, the term 20/200 vision. The visually impaired's eyesight is somewhat better. His vision is between 20/60 and 20/200. Normal vision is 20/20.

LEADER TIPS

Meeting a blind person:

--Let a blind person know of your presence by saying a word or two, rather than presenting an unexpected sound or sudden touch.

--Introduce yourself so that the person is aware you are speaking to him/her. In time, (s)he will learn to recognize your voice or even your footsteps.

--Speak directly to the blind person. Don't ask the blind individual's companions questions that the visually handicapped person can answer. Because the visually handicapped person can't see you doesn't mean that they can't hear you, or that they can't make their own decisions.

--A sighted person receives additional clues to your meaning and feelings from your facial expression. The visually handicapped person must rely on the tone of your voice for these clues. Therefore, a warm tone of voice is particularly important when talking with a blind person.

--It isn't necessary to raise your voice when talking with blind persons. This is an unconscious tendency sometimes practiced by people who have had little or no experience with visually handicapped persons.

--When visually handicapped youngsters are a member of a group, call them by name; otherwise, they may not realize that they are the person being addressed.

--In conversation, there is no need to avoid words that have to do with vision. "Read", "see", "look at", and color words all belong in the vocabularies of visually handicapped people. They use them quite naturally and expect others to do so.

--Let a blind person know when you are leaving so they won't have to guess whether or not you are still there.

Guiding a blind person:

--Visually handicapped youngsters need an opportunity to become familiar with their new surroundings. Give them a guided tour of the meeting room; don't just walk off and leave them. Additionally, don't expect them to know where everything is located after only one or two visits. When furniture is moved from its accustomed place in a room, alert the individual to the change.

--When guiding blind persons, let them take your arm above the elbow, rather than pulling them along behind you or pushing them ahead of you. Proceed walking half-a-step ahead of the person.

--A slight pause before going up or down curbs or steps will alert the individual to the change in terrain. It is good to verbally communicate the changes, as well.

--Make an effort to describe things around you. Let the visually handicapped person taste, touch and smell if possible. Talk about things which (s)he is exploring.

--When showing a blind individual to a chair, place his/her hand on its back or arm. It isn't necessary to bodily seat him/her.

--Visually handicapped youngsters, like all youngsters, vary in degree of independence. Some are "I'll do it myself" persons, and others may want or demand help at every turn. The leader who can let, or help, the blind youth do as much as possible on his/her own, will be making an important contribution to the youngster's present and future adjustment.

Materials for a blind person:

--If reading material is to be used, arrange to have the information transcribed into Braille or have the information recorded on cassette tape for the person to listen to. Braille transcription persons can be located through the local public library or through the Volunteer Services for the Blind:

919 Walnut Street
Philadelphia, PA 19017

DID YOU KNOW...a 4-H member in Tennessee has written four 4-H manuals for the blind? They were then Brailled at the state penitentiary.

BE AN ADVOCATE

If you enjoyed "Our Largest Minority--The Disabled", a TV program narrated recently by Edward Newman, N.B.C., I would encourage you to write the network and compliment them on the program and request that it be shown during prime time at some future date. Address your letter to:

N.B.C.
P.O. Box 650
New York, New York 10027

It is through this kind of feedback that we can get more programs about disabled people on TV.

MOVIE, TAPE, AND BOOK REVIEW

Products for People With Vision Problems.

The 25th anniversary edition of this catalog illustrates and describes more than 400 products, from sports equipment to tape measures to cooking utensils, that are helpful to the visually handicapped. FREE

Write: Dept. CTM
American Foundation for the Blind
Consumer Products Dept.
15 W. Sixteenth Street
New York, N.Y. 10011

HAPPY NEW YEAR,

Pauline Odegard-Johnson

Pauline Odegard-Johnson, M.S.
Coordinator of 4-H Programs
for the Handicapped

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February 1981

DEAF & HEARING IMPAIRED

In the United States, there are about 1,700,000 deaf individuals and 15,000,000 others with partial hearing impairments ranging from mild to profound.

Deafness is defined as a hearing loss preventing total reception of communication through the use of the ear. This loss can be anywhere from mild (when the person only has difficulty hearing faint or distant speech) to severe (when the person can only feel vibrations).

DID YOU KNOW...there is now an International Symbol for Deafness? The symbol has been proclaimed by the National Association of the Deaf and has been approved by the World Federation of the Deaf, headquartered in Rome, Italy. The logo is a drawing of an ear, crossed by a bar. It can be used as a wallet card, a road sign near schools where deaf children attend, in telephone directories to designate available TTY (teletypewriter)/TDD (telecommunication devices for the deaf) facilities, and in television listings to call attention to closed captioned programs.

HANDI HELPS FOR LEADERS:

1. Assess the hearing impaired individual's disability. Spend time with the person to find out their strengths and weaknesses, visit with their parents and teachers to gather clues for working effectively with the individual.
2. Smile! Use positive body language and a gentle touch to signal your acceptance despite communication differences.
3. Speak directly to the deaf person by maintaining eye contact throughout the conversation, even in the presence of an interpreter. Remember that the interpreter's function is to communicate, not think or answer for the deaf person.
4. It is important for the deaf person to see your face. Be sure that it is well lighted and you don't cover your mouth or turn away in mid-sentence. Try to arrange your group so that everyone is visible to the deaf participant.
5. Try to enunciate clearly and speak slowly. It isn't necessary to exaggerate or shout. Be prepared with alternate explanations that use different phrases.
6. Watch the deaf person carefully for facial expressions and body language that will help you determine the success of your communication. A nod doesn't always indicate understanding anymore than a lack of response indicates belligerence.
7. When planning a meeting that includes a deaf participant, visual aids are helpful. If you are showing a film, provide the deaf member with a written agenda or outline for clear understanding.
8. A notetaker designated to take notes during a discussion or presentation would also benefit the hearing impaired person. This allows him/her to have the opportunity to review what was said and to pick up on some points that may have been missed during the meeting.
9. A deaf individual may have speech which is difficult, at first, to understand; however, once accustomed to it, you should be able to understand the "deaf speech".
10. If you are having trouble understanding a deaf person's speech don't hesitate to ask them to repeat. Never say "it's not important" or "never mind". This may be interpreted as he or she is not important.

HANDI HELPS (cont.):

11. Don't expect a deaf child to sit still for long periods. Deaf people use sight, touch and smell to relate to the people and things around them.
12. Because someone is wearing a hearing aid, that does not necessarily indicate that the person can hear normally or understand the spoken word. The hearing aid may merely be an aid in providing the amplification of sound and does not clarify the reception or the sound.
13. Perhaps the handiest helps in bridging the communication gap between hearing and deaf people are patience, acceptance and understanding.

WAYS TO COMMUNICATE WITH DEAF PEOPLE:

There are several ways for you and a deaf person to communicate. They include:

1. PAD & PENCIL. This is a fairly simple way of communicating with a deaf person. However, remember that for many deaf people, English is a second language (sign language being first) just as French or Spanish might be for a hearing individual. If you use this method, keep your words simple.
2. LIP READING. This is a difficult skill used by about 10 percent of the deaf population. Only about 30 to 40 percent of the English language is even visible on the lips. For an example of this, watch yourself in the mirror as you say the words "bump" and "pump". These words look the same on your lips but have very different meanings. Never assume that the deaf person you are speaking to can lip read.
3. FINGERSPELLING. This is a manual form of communication (done with the hand). The hand and fingers spell out letters of the alphabet to thus form a word. Children love to learn this type skill and learn it easily. You may find that many members of your club already know fingerspelling. Cards illustrating the fingerspelling alphabet can be ordered for your club members free of charge from:
   The Colorado School for Deaf & Blind
   Kiowa & Institute Streets
   Colorado Springs, Colorado 80903
4. SIGN LANGUAGE. This is the language of deaf people and is performed with the hands. A combination of hand movements and positions are used to express thoughts and phrases. If there is no sign for a thought, fingerspelling is used to spell it out. Sign language dialects exist regionally within the U.S., and different spoken languages have different sign languages. Learning to sign would be a great project for your 4-H club.

Whichever form of communication is used the deaf individuals can express themselves and be understood by hearing people when both are willing to try.

RESOURCES

For Leisure Reading:

Greenburg, Joane: In This Sign. NY: Holt, Rinehart and Winston, 1970. Story of two deaf persons and their struggles in growing up and raising a family. (Fiction).

For Interpreters or More Information:

Center on Deafness
4128 South Knox Court
Denver, Colorado 80236
Phone: 758-1123 (Voice/TDD)

Colorado Registry of Interpreters for the Deaf (CRID)
c/o Laurel Goodrich
1109½ Portland Place
Boulder, Colorado 80302
Phone: 466-8811 (Voice/TDD)

Gallaudet College
Public Service Programs
Kendal Green
Washington, D.C. 20002

The National Association for the Deaf
814 Thayer Avenue
Silver Spring, MD. 20910

Pauline Odegard-Johnson

Pauline Odegard-Johnson, M.S.
Coordinator of 4-H Programs for Handicapped

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May/June 1981

CEREBRAL PALSY (CP)

In 1843, William J. Little, English surgeon, first described medically the condition now known as cerebral palsy.

Cerebral palsy is a general term used to designate any paralysis, weakness, incoordination, or functional deviation of the motor system resulting from an intracranial lesion. Lesion implies destruction of nerve cells of the brain or a malformation of a part of the brain and replacement of damaged cells by scar tissue.

More simply, CP is a type of movement difficulty caused by some injury or damage to the brain suffered either before, at or after birth. Messages from the brain that control movement seem to short circuit. For example, a message from the brain to the legs telling them to move is never completed--never reaches the legs; thus the legs do not move.

Additional handicaps such as hearing losses, poor sight, speech impairments, learning disabilities, emotional or psychological problems may co-exist with cerebral palsy.

Inadequate reporting of cases of CP prevents the exact number of cases from being known. One estimate is 7 children per 100,000 born have cerebral palsy.

CHARACTERISTICS

Cerebral palsy is: nonfatal, noncontagious, noncurable, nonprogressive (does not get worse). It is amenable to therapy and training. With proper treatment and training individuals with CP can and do improve physically, mentally, and socially. The sooner therapy begins the better.

CAUSES

The causes of cerebral palsy are multiple and variable.

1. Prenatal Causes--hereditary, exposure to radiation, maternal infections (e.g. German measles, mumps, chicken pox), maternal malnutrition, metabolic disturbances (e.g. diabetes), insufficient oxygen, toxemia, hemorrhage during pregnancy, prematurity.
2. Natal Causes--lack of oxygen, drugs, head injuries, prolonged labor.
3. Postnatal Causes--severe head injuries, vascular accidents (stroke), brain tumors/cysts, infections (e.g. encephalitis, meningitis), insufficient oxygen (e.g. carbon monoxide poisoning, strangulation, high altitudes), poisoning (e.g. arsenic, lead, coal tar derivatives).

CLASSIFICATIONS

The type of cerebral palsy an individual has depends on which area of the brain is damaged and how extensive that damage is. Some individuals with CP can walk well, some use braces, some use crutches, others need a wheelchair at all times.

Various classification systems are used to identify the kind of CP a person has.

One system classifies CP individuals according to limb involvement: monoplegia (1 limb involved), paraplegia (legs involved), hemiplegia ($\frac{1}{2}$ the body involved), triplegia (3 extremities involved), quadraplegia (all 4 extremities involved).

CLASSIFICATIONS (CONT.)

Another classification deals with how the person moves: spastic, rigidity, ataxic, tremor.

HANDI HELPS

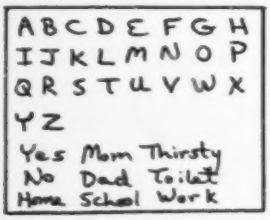
1. If the person uses special equipment (e.g. braces, wheelchair) know how the equipment works. Ask the individual with CP to show you, if too young ask the parents/guardians. For example know how to operate the wheelchair brakes, how to maneuver it up and down curbs, and open and fold it.

2. If you need some information from a CP individual, be sure to ask the CP person, do not direct your question to the individual who is with them.

3. Because an individual with CP often has difficulty speaking clearly, this does not mean they are mentally retarded.

4. For those that have difficulty speaking, communication boards may be used. The boards may be electronic devices or a simple wood board with key words, the alaphabet, or a combination of the two.

Example of a communication board:



A person with CP who uses a communication board will point to the letters to spell out words and/or point to the key words, in order to communicate with you. Be sure to allow the individual to communicate their wants, needs, and thoughts.

The electronic devices are similar to police scanners. They have up to 100 different phrases and words on them. The disabled person stops the beam of light when it reaches the desired word, letter, or phrase.

5. Most individuals with CP learn as quickly as anyone else and most can do many things.

6. Keep in mind the person may have limitations in movements. Spastic motions can make it hard to control or hold a pencil or spoon or be neat when eating. CP can also affect one's ability to: climb, lift, pull, balance, carry, stand, reach, turn.

7. Avoid producing tension situations. This increases rigidity in muscles making it difficult/impossible to do tasks that the person can do when his muscles are relaxed.

8. Fatigue may be a real problem.

9. More time may be required to complete a project.

10. Home contact should be maintained between leader and parents.

RESOURCES

United Cerebral Palsy Assoc., Inc.
66 East 34th St.
N.Y., N.Y. 10016

National Easter Seal Society
2023 West Ogden Avenue
Chicago, Illinois 60612

Killilea, Marie: Karen. Englewood Cliffs, NJ: Prentice-Hall, 1952.

Killilea, Marie: With Love From Karen. Englewood Cliffs, NJ: Prentice-Hall, 1963. (Biography)

Pauline Odegard-Johnson

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Coordinator of Educational Programs
for the Handicapped

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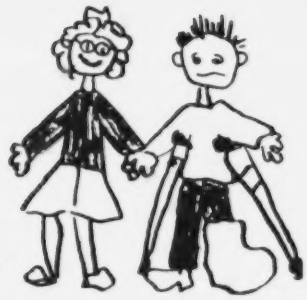

October 1981

SPINA BIFIDA

Spina (spine) bifida (split or divided) is a "condition resulting when the bones of the spine form abnormally and fail to unite in the midline of the back" (Woodburn, 1975). If this split occurs, the spinal cord and its coverings may bulge out through the opening and cause a lump on the back. This malforming of the spine takes place within the first 28 days of pregnancy and varies in severity from a simple lump on the back to severe malformation of the back and lower limbs.

In 1652, professor Nicholas Tulp who portrayed the teacher in Rembrandt's "The Anatomy Lesson," gave spina bifida its name and gave the first formative description of the disability. Although the term and real medical description are somewhat recent, it is estimated that spina bifida occurred almost 12,000 years ago.

It is also worth noting that it wasn't until 1761 that a man named Morgagni linked lower limb deformity and hydrocephalus (an excessive amount of cerebro-spinal fluid within the head) with spina bifida. As a result of this finding, much has been done in order to find a "cure" for hydrocephalus because it was one of the major problems associated with spina bifida. One such discovery was in the late 1950's; the Spitz-Holter valve and the ventriculoatrial shunt (a by-pass or replacement of a major cavity between the brain and spinal cord implanted in order to control the flow of the cerebro-spinal fluid so as to prevent pressure on the brain). Because of this find and other developments, there is an increasing number of children who survive the more severe forms of spina bifida and of these children, approximately 70% have normal intelligence (Menelaus, 1971).

CHARACTERISTICS

The characteristics depend on the severity but it can be such things as: no noticeable defect, a lump or cyst on the back, curvature of the spine, club or deformed feet, paralysis, lack of bladder and bowel control, hydrocephalus, and/or mental retardation. Though not always successful, most children with varying degrees of spina bifida usually go through some type of surgery.

CLASSIFICATION

1. Spina Bifida Cystica.
   -Characterized by a cystic protrusion of the spinal cord, usually noticeable on the back.

   a. Myelomeningocele.
      -The most serious and most common.
      -The bones, tissues, and spinal cord are all malformed; usually results in more severe deformities, paralysis, and chance of mental retardation.

   b. Meningocele.
      -The bones, skin, and tissues are deficient but not the spinal cord itself; usually results in weakness in legs and difficulty with bladder

CLASSIFICATION (cont.)

b. Meningocele (cont.)
and bowel control.

2. Spina Bifida Occulta.
-The bones are deficient over a short length of the spine but the skin and surrounding tissues are usually unaffected.
-The most minor form.

CAUSE

Spina bifida is believed to be caused by some environmental influence which acts upon a genetically weak or susceptible embryo during the first month of pregnancy.

HANDI HELPS

1. If the child uses special equipment (e.g. braces, wheelchair) know how the equipment works. Ask the child to show you if need be.

2. Help the child feel that he/she is needed and belongs.

3. Encourage and support the child's independence and self-sufficiency.

4. Be aware that because the child has spina bifida he/she may not be mentally retarded.

5. Any prior and additional knowledge that can be gained about the individual child is very useful.

6. Home contact should be maintained between leader and parent.

7. Be aware that many children with spina bifida may have to go through surgery and/or lengthy spells of treatment and because of this may be behind educationally or may miss out on important activities and experiences. Try to help keep the child in touch with things while (s)he is away.

8. Stress the things that the child can do, not the things he/she cannot do.

9. Let the child know that many physically handicapped people lead useful and happy lives.

RESOURCES

Brocklehurst, G., Forrest, D., et.al. Spina Bifida For The Clinician. Spastics International Medical Publications, 1976.

Woodburn, Margaret. Social Implications of Spina Bifida. NFER Publishing Company Ltd., Scotland, 1975.

Menelaus, Malcolm. The Orthopaedic Management of Spina Bifida Cystica. E & S Livingstone, Edinburgh & London, 1971.

Stark, G.D. Spina Bifida Problems & Management. Blackwell Scientific Publications, 1977.

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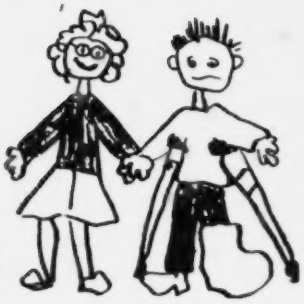

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October 1982

WHEELCHAIRS

As we present the puppet show, "MEET THE NEW KIDS ON THE BLOCK", children are always curious about the wheelchair that is used by one of the puppets. There is never enough time to answer all the questions that the children have; so this issue of HANDI HELPS will provide information about wheelchairs that you can share with your students/4-Hers or use in answering their questions.

WHAT CHILDREN WANT TO KNOW

WHY DO SOME PEOPLE HAVE ELECTRIC WHEELCHAIRS? Individuals with limited hand/arm strength or dexterity will use a power drive (battery operated) chair. Those with strong arm muscles will use a manual (self-propelled) wheelchair.

HOW DO YOU MAKE THE ELECTRIC CHAIR MOVE? One makes the chair move by adding slight pressure to the joystick (lever control next to one of the arm rests). The joystick is moved in the direction the individual wants the chair to move. The joystick can be activated by one's hand, a stick in one's mouth or by a chin control. For the person who is completely paralyzed biomedical engineers have devised a wheelchair that can be operated by an individual's voice; the sounds are amplified by a laryngeal microphone which is programmed to respond exclusively to "his master's voice". Another new way of controlling a chair is by moving one's head in the direction desired; sensors on the wheelchair detect the direction the head is moved and transmit the signals to a microcomputer which turns the wheelchair in that direction.

HOW FAST WILL A WHEELCHAIR GO? Top speed of a power drive chair is 5 m.p.h. There is a converter that can be added that will produce speeds of 7½ to 8 m.p.h.; however, if added warranties are not honored by Everest & Jennings, the oldest and leading maker of wheelchairs. They believe their wheelchairs are not designed for those high speeds. The speed of a manual chair is about 3 m.p.h., about as fast as people walk.

HOW FAR CAN THE WHEELCHAIR TRAVEL BEFORE THE BATTERIES NEED TO BE RECHARGED? A power drive wheelchair can travel 12 to 18 miles before needing to be recharged. An average person walks about 4 miles per day, unless a concerted effort is made to run/jog/walk. The batteries are recharged by plugging them into a battery charger, usually every 3 nights.

WHY DO SOME WHEELCHAIRS HAVE BLOW-UP TIRES? Air-filled or pneumatic tires provide a softer more comfortable ride. The air serves as shock absorbers. Therefore, pneumatic tires are desirable for individuals that will be going outdoors with their chair and where they will have rough surfaces to go over. Air pressure must be maintained for effectiveness. One disadvantage of air-filled tires is that they make the chair harder to push than wheelchairs with solid rubber tires.

WHY DO SOME WHEELCHAIRS HAVE HARD TIRES? Solid rubber tires are desirable when one will be staying in on smooth floors, e.g. tile, cement, wood. Solid rubber tires are usually gray in color. This color is used so the tires do not leave marks on wood or linoleum floors like black rubber would.

HOW OLD ARE CHILDREN WHEN THEY GET THEIR FIRST WHEELCHAIR? Usually 4 or 5 years old, sometimes as young as 3 years old.

HOW MUCH DO WHEELCHAIRS COST? The cost depends on type, quality, and accessories/features added. The price range for a new chair is $340-$1500, with power drive wheelchairs being at the high end. Wheelchairs are a prescription item and are usually paid for by one's insurance, the Division of Vocational Rehabilitation, or some other state agency that provides services to individuals with disabilities.

WHAT ABOUT THOSE WHEELCHAIRS USED FOR SPORTS? Wheelchairs used for racing and basketball are very expensive. They cost from $1200 to $2500. They are made from aluminum rather than stainless steel, thus they are lightweight (similar to a bicycle). These chairs sit lower and the center of gravity is changeable to fit the needs of weight distribution during a sport.

HOW MUCH DO WHEELCHAIRS WEIGH? Adult manual chairs weigh 30 to 50 pounds. A power drive chair weighs 150 to 200 pounds.

WHO TEACHES PEOPLE TO DO WHEELIES? Occupational therapists or physical therapists teach people with hand/arm strength to do wheelies so they can get off curbs and down a few steps by themselves.

WHAT HAPPENS IF YOU FALL OUT OF YOUR CHAIR? This is dependent on a person's arm strength. If they have strength a physical therapist will have taught them how to get back in their chair by themselves. Others will need to ask for assistance. Most accidents occur when the chair moves while a person is entering or leaving it, usually because the brakes were not applied.

WHY DO SOME PEOPLE IN WHEELCHAIRS WEAR GLOVES? The gloves provide a better grip and they also keep one's hands from getting dirty.

GENERAL INFORMATION

Wheelchairs are a means of transportation for a person who cannot walk. They enable a person to increase their level of independence--to be able to go to school, to a job, and participate in social activities and sports. Psychologically, they boost one's outlook. Additionally wheelchairs decrease the pathologic consequences of immobility, such as decalcification, kidney stones, muscle atrophy, and anorexia.

A wheelchair becomes an extension of a person's body. Each chair must be properly prescribed so it will enable a person to function with minimum effort and maximum independence. The prescription of the chair depends on the individual's height, weight, coordination, activities to be participated in, and places the chair will be used/taken. A physical therapist/occupational therapist determines what the individual's needs and limitations are.

ACTIVITIES FOR CHILDREN

Invite a wheelchair basketball team to play your school team.

Borrow wheelchairs and have the students spend the whole day in them. Provide them with several experiences--travel across grass, gravel, carpets, up an incline, have them reach for something in a cupboard, go to lunch, to the restroom, get to the second floor of a building, go shopping at a store, etc. At the end of the day discuss their experiences, feelings, observations--how their fingers and shoulders feel, the time it took to do things and go places, how others responded to them.

RESOURCES

Contact the occupational therapist (OT) and/or physical therapist (PT) at your local hospital or a medical supply company for more information and to borrow wheelchairs for class simulation activities.

A very special thank you to Mr. Jack Peverly, owner of Northern Medical, Fort Collins, for taking the time to explain and demonstrate his entire line of wheelchairs.

Pauline Odegard-Johnson

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4-H Handicapped Programs Coordinator

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July 1981

ADDRESS & PHONE CHANGE--Please note that my mailing address and phone number have been changed. I have been moved from Larimer County to the state office so that I can serve all the counties in Colorado.

EPILEPSY

Epilepsy is one of the oldest known and most misunderstood disabilities of man. As far back as 4000 B.C. Hammurabi's Code designated 'epileptics' as second class citizens. In 400 B.C. Hippocrates, the father of modern medicine, diagnosed epilepsy as being an affliction of the brain and central nervous system. Unfortunately, others did not share his beliefs and continued to think of epilepsy as a curse. Throughout history people with epilepsy have had to endure barbaric treatments because of their disability.

In 1857, the first drug known to be effective in decreasing the frequency and severity of seizures was found, which was Bromide. This drug, as with most, had some serious side effects. It left the individual sleepy, sluggish, and with impaired memory; society concluded that individuals with epilepsy had extremely low intelligence and therefore continued to shun them.

The next major development in treating epilepsy came in 1912 when phenobarbital was used. Research continued and in 1938 an anti-convulsant drug called Dilantin was found to be very effective in decreasing seizures. Dilantin continues to be one of the most widely used drugs to control epilepsy.

WHAT IS EPILEPSY?

Epilepsy is best known by the seizures which a person may have. A seizure is a disturbance in the electrical patterns of the brain. Seizures can develop suddenly, often without warning and may cease at any time.

CLASSIFICATION

There are several different types of epileptic seizures. The medical field has developed a new international classification system for epilepsy based on the location of the disturbance in the brain. Because most people are more familiar with the old classification system that is the one that will be used here with cross reference to the new one. The three most common types of epilepsy are:

Petit Mal. This is a type of staring spell. It is often mistaken for daydreaming. Usually lasting less than a minute, the person may not even be aware of the seizure and does not require any assistance. The seizures may occur repeatedly, as many as 100 times a day in some cases. The new international term for this type of seizure is Generalized Absence.

Grand Mal. There may be violent shaking of the entire body accompanied by temporary loss of consciousness. The person may lose bowel and bladder control, have heavy or irregular breathing, and turn bluish in color. The seizure may be triggered by bright, flashing lights, loud noises, overexcitement, irregular sleep, poor nutrition, stress or other changes in routine. The seizures may last from two to five minutes. They could occur as often as one or more times

a day or as infrequently as once a year. The new classification for this seizure is Generalized Tonic-Clonic.

Psychomotor. This form of seizure will result in inappropriate or purposeless behavior with amnesia (loss of memory) regarding the episode. The person may wander out of the room and not remember where he/she came from or is going. The length of time will be approximately two to five minutes. The new classification for this type of epilepsy is Partial Seizure with Complete Symptomalogy.

CAUSES

Prenatal Causes--e.g. radiation, poisonous substances including drugs, German measles early in pregnancy, Rh incompatability.

Birth--e.g. oxygen deprivation.

Childhood--e.g. head injuries, measles, encephalitis, whooping cough, meningitis.

Adults--e.g. brain tumors, blood circulation problems, head injuries.

Anyone at anytime may experience an injury or disease of the brain or central nervous system that may lead to epilepsy.

WHAT TO DO

Most persons with epilepsy will be on medication which will help reduce or eliminate seizures. However, if a seizure should occur, the following information will help you handle the situation.

1. Remain calm. Once a seizure has started it cannot be stopped.

2. Lay the person on his/her side.

3. Do not place any objects into the mouth of a person with epilepsy.

4. Clear the area around the person of any objects that he/she may hurt themselves on. Allow the others present to help with this.

5. If others are present, tell the members of the group as much as you know about what is happening. By the members learning about epilepsy and helping, they become more sensitive to the handicap and gain confidence in being able to help and to understand the problem of epilepsy.

6. When the seizure is over help the individual to a place where he/she can rest. Most persons will be tired from the extreme muscle activity and want to sleep.

7. Tell the person when he/she is ready and feels like participating in the activity to return to the group.

8. At the end of the session, notify the parents that their son/daughter had a seizure. Be sure to notice the time when it happened, the length of the seizure and what the individual was doing when the seizure occurred. This information may be of use to the parents or to a doctor who is monitoring the seizures and who prescribes the medication.

9. The only time that medical attention is necessary is if: 1) the seizure lasts for more than 10 minutes or 2) if there is a series of Grand Mal attacks, one following another in rapid succession without the victim regaining consciousness.

RESOURCES

American Epilepsy Society
Division of Neurosurgery
University of Texas Medical Branch
Galveston, Texas 77550

Epilepsy Foundation of America
1828 L. Street N.W., Suite 406
Washington, D.C. 20036

Sands & Minters. The Epilepsy Fact Book. F. A. Davis Co., Philadelphia, Penn., 1977.

Sullivan, Margaret W. Living With Epilepsy. Nellen Publishing Co. Inc., New York, N.Y., 1979.

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March, 1981

MENTAL RETARDATION

According to the American Association on Mental Deficiency, mental retardation is defined as subaverage general intellectual functioning which originates during the developmental period (prenatal to 16 years) and is associated with impairment in adaptive behavior. The most consistently cited estimate of the prevalence of mental retardation is 3% of the population.

CLASSIFICATIONS OF MENTAL RETARDATION

There are many degrees of mental retardation. Those who are severely retarded are able to learn only the most basic self-care skills. Those who are mildly retarded are able to learn so much that as adults some are no longer identified as being retarded. Three common classifications used include:

Mildly (Educable)--Mental Age 8-12; learn to approx. 6th grade level.

Moderately (Trainable)--Mental Age 5-8; cannot learn academic subjects in school.

Severely/Profoundly--Require life long care and supervision and are often confined to institutions.

CAUSES

Not all the causes of mental retardation are known; however, more than 200 have been identified and many others are suspected. The known causes can be placed into 5 categories:

1. Genetic Irregularities--e.g. X-ray exposure, incompatibility of genes inherited from parents, RH blood factor incompatability, Down's Syndrome, error in metabolism, recessive genetic traits.

2. Pregnancy Complications--e.g. poor nutrition, German Measles, tumors, glandular disorders, infections, exposure to toxic agents, radiation.

3. Birth Problems--e.g. premature birth, too rapid birth, prolonged birth, any circumstance that reduces the oxygen supply to the infant's brain.

4. After Birth Situations--e.g. childhood diseases, especially in very young, (chicken pox, measles, meningitis, whooping cough), high fevers, severe injuries to the brain, lack of certain chemicals in the blood, glandular imbalance.

5. Environmental Factors--e.g. being born and reared in a deprived environment where there is little opportunity to learn, serious emotional problems.

CHARACTERISTICS

A mentally retarded person is slow to learn and may be slow or limited in the development of physical skills. Additionally, physical handicaps may be present, such as--speech impairments, visual impairments, hearing defects, epilepsy. Reminder: Because these secondary handicapping conditions are common among retarded people, this does not mean that individuals who have a speech impairment, epilepsy etc. are mentally retarded.

HANDI HELPS

It is often thought that it takes a certain kind of person or an individual with special education to work with

HANDI HELPS (cont.)

retarded people. Fact is that anyone who is patient, kind, and has a sincere interest in working with people can successfully do so. As a volunteer you can contribute greatly to the happiness and accomplishments of mentally retarded individuals.

1. One of the most important things to remember when teaching a mentally retarded individual is to break down the skill or project being taught into small tasks. This is called task analysis. A woodworking project done by a 4-H club of handicapped youth provides a good example. During the first meeting the 4-H club decided to make a pen and pencil holder for a Father's Day gift. A break down of this project follows:

2nd meeting--located 10" on a ruler and marked a line on the board to be cut at the 10" mark.
3rd meeting--sawed the board.
4th meeting--sanded the board.
5th meeting--stained the board.
6th meeting--drilled two holes in the board.
7th meeting--screwed the pen and pencil holders to the board.
8th meeting--gift wrapped the finished project.

If the individual is not successful at a task it means the task being taught is not broken down far enough. Be sure to give simple step by step directions and repeat to be sure the 4-H member understands. Task analysis will not only help the 4-Her, but will help the leader be well organized and successful.

2. Establish, realistic, attainable goals and allow plenty of time for teaching them; it may take several months to teach a new skill.

3. Concentrate on concrete ideas and skills. Mentally retarded children may have trouble with abstract concepts.

4. Be patient, persistent, and consistent.

5. Provide warmth and acceptance. Recognize each individual's potential to grow, learn, and develop.

6. Promote a sense of security through a smile, by providing a word of praise, or using physical reassurances--e.g. a pat on the back.

7. Demonstrate. Showing is often more effective than telling. Use a combination of the two.

> "Tell me something a hundred times and I may still not fully understand what you want me to do. Show me what you mean, demonstrate clearly and slowly, just once or twice and I'll be close to the goal. But do it with me, put your hand on mine and guide me through it, and I'll make it."
> Author Unknown

RESOURCES

Blatt, Burton & Fred Kaplan, Christmas in Purgatory: A Photographic Essay on Mental Retardation, Allyn & Bacon, Boston: 1969.

Association for Retarded Citizens (ARC)
2709 Avenue E East
P.O. Box 6109
Arlington, Texas 76011
(Contact your local or state ARC as well.)

Down's Syndrome Congress
1640 W. Roosevelt Road
Room 156E
Chicago, Illinois 60608

Local Resources: special education teachers, parents of retarded children, siblings of handicapped, March of Dimes.

FOR YOUR CALENDAR

There will be a Handicapped Awareness Day at Colorado State University, 2nd Floor, Lory Student Center, April 7, 9 a.m. to 3 p.m.

Pauline Odegard-Johnson

Pauline Odegard-Johnson, M.S.
Coordinator of 4-H Programs for Handicapped

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April 1981

LEARNING DISABLED

Learning disabled or L.D. is a handicap that was identified by Alfred A. Strauss, M.D., in the 1940s. Children and adults who are learning disabled are not mentally retarded or "slow to learn": rather, these individuals usually have average or above average intelligence. Additionally, there are normally no hearing or sight problems or any obvious physical handicaps (this is the reason this disability is often referred to as the "hidden handicap").

An individual with a learning disability has a problem with the messages to the brain becoming jumbled. This makes it difficult for the individual to learn in one or more of the academic areas; however, they can learn and become successful doctors, lawyers, inventors (e.g. Thomas Edison, Albert Einstein, Beethoven, Louis Pasteur, Woodrow Wilson, Winston Churchill, and Nelson Rockefeller). They must learn to compensate for their difficulties by learning in ways which are different from how people normally learn.

Experts believe that there are between 5 to 10 million children with some type of learning disability. Recent research indicates that undetected learning disabilities may be the chief problem of a large number of children who do not do well in school. There is insufficient research to confirm the present number of adults with learning disabilities.

CAUSES

As with many other disabilities, there is no one simple explanation that can be given for why a child/adult has a learning disability. Factors that may be responsible for learning disabilities include:

1. Pre-Natal--maternal malnutrition, toxemia in pregnancy, alcoholism during pregnancy, taking certain drugs, RH incompatibility, infectious/viral illnesses in pregnant mother.
2. During Birth--long/difficult delivery, lack of oxygen, prematurity, dry birth, intracranial pressure (due to forceps delivery or a narrow pelvic arch in mother), too rapid delivery (exposes infant too quickly to a new air pressure).
3. After Birth--delay of breathing, high fever at an early age, sharp blow to head from a fall or accident, lead poisoning, drug intoxication, suffocation or breath holding, severe nutritional deficiences.
4. Other causes being proposed--eating foods with preservatives or artificial coloring, allergies, too much TV.

CHARACTERISTICS

Sometimes parents and others working with learning disabled youth don't know about the handicap and believe the person is just not trying, is lazy, undisciplined, bored, stubborn, spoiled, underachieving or daydreaming. Some of the most common characteristics follow. (It is important to remember that an L.D. individual usually will not show all the characteristics; likewise, an individual may have some of the characteristics however not be learning disabled.)

* Short attention span/easily distracted.
* Poor memory/forgetful.
* Difficulty following directions.
* Poor reasoning ability.

CHARACTERISTICS (cont.)

* Inability to set realistic goals by self.
* Poor reading ability/adds, omits, skips words when reading.
* Difficulty distinguishing between p, g, b, d, and q.
* Reads "on" for "no", "was" for "saw" etc.
* Difficulty with concepts left-right, above-below, up-down, yesterday-tomorrow, in-out, etc.
* Difficulty telling time.
* Difficulty writing/writes "41" for "14" etc.
* Poor eye-hand coordination.
* Clumsy/accident prone.
* Disorganized/loses things.
* Quick tempered/easily irritated.
* Impulsive/gets caught up in details.
* Childish and bossy behavior.
* Needs constant recognition.
* Usually a loner.

HANDI HELPS

1. Have the individual's attention before you begin to teach.

2. Explain directions carefully, simply, and slowly.

3. Repeat directions aloud to help the individual remember them.

4. Encourage children to ask questions. If no questions are asked, review the important points, step by step.

5. Have the L.D. child sit close to you so you can give them extra help if they need it.

6. Try various methods to see how the individual learns best. Determine if he learns best by seeing, hearing, reading silently, or reading aloud. If a child is good at remembering what he hears, then it might be a good idea to have someone read directions to the person or have someone record the information on a tape for the child to listen to.

7. Point out where you are at, if you are reading from a book or manual.

8. Allow the individual to answer questions or keep records on a tape recorder, if he has difficulty writing and spelling.

9. Allow the individual to type if he has difficulty writing and spelling.

10. Look for a spark and encourage the interest.

11. Be patient, L.D. children need more time to think and complete projects in the areas they have difficulty with.

12. The breaking of any routine produces great anxiety. Provide security and structure, e.g. let the child sit in the same seat each time.

13. Each child is unique. Be sure to look at the whole child--their feelings, emotions, opinions, and problems. Be accepting and provide positive feedback. The L.D. child needs to know that he is "okay". L.D. children often feel "I can't do anything right." "I'm no good." "I'm dumb." "Nobody likes me." "Everybody is picking on me." These feelings cause the individual to feel frustrated, discouraged, alone, angry, and to have a poor self-image, as well as difficulty with relationships. Be sure to talk about these feelings when they arise.

RESOURCES

Association for Children With Learning Disabilities
4156 Library Road
Pittsburgh, Pa. 15234

The Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

Wallace, Gerald& James Kaufman. Teaching Children with Learning Problems, Charles E. Merrilly, Columbus, OH; 1978.

Wedemeyer, A. Creative Ideas for Teaching Exceptional Children, Love Publishers, Denver, Colorado; 1970.

Pauline Odegard-Johnson

Pauline Odegard-Johnson, M.S.
Coordinator for 4-H Programs for the Handicapped

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Cooperative Extension Service
Colorado State University
Fort Collins, Colorado 80523

134 Aylesworth Hall, NW
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Fort Collins, CO 80523
(303) 491-6421

handi helps

May/June 1982

RECREATIONAL/SPORT OPPORTUNITIES FOR INDIVIDUALS WITH DISABILITIES

With the coming of summer, more and more individuals will be seeking recreational and sporting opportunities. For those living in Colorado the following opportunities are available.

During the summer months, programs in climbing, hiking, rafting, and fishing will be offered by Breckenridge Outdoor Education Center (BEOC). Special guides will be available for the blind and interpreters will be available for the deaf. Contact: Bruce Werber, Exec. Dir., P.O. Box 697, Breckenridge, Colorado 80424.

Colorado Lions Camp will be offering programs in river rafting, horseback riding, arts and crafts from May-October. Contact: Diane Temke, P.O. Box 55, Woodland Park, Colorado 80863.

Colorado Easter Seal Society will be offering one and two week Handicamps to physically and mentally handicapped people from age 8 and up. Activities include athletics, swimming, cookouts, archery, training in outdoor living skills, caring for small animals, and cultivating crops. Contact: David Bateman, Dir. of Camping, Colorado Easter Seal Society, 609 West Littleton Blvd., Littleton, Colorado 80120.

Accessible nature areas exist for those people in wheelchairs. Jefferson County Conference & Nature Center on Lookout Mountain is one example. They have adapted it's 1½ mile self-guided nature trail through pine forests and mountain meadows. For other accessible nature areas contact: Access National Parks, Supt. of Documents, Washington, D.C. 20402.

Track and field is a popular sport for almost everyone. The Rocky Mountain Wheelchair Athletic Association, phone (303) 761-3040, has information concerning how to get involved. People in wheelchairs can participate in both field and track events. There is even an international Olympics for them, along with amputees, blind, and deaf people. Wheelchair marathoning has become quite common; contact Bob Shopnitz, (303) 575-3428. For information about wheelchair square dancing contact: Gordon Beckman, The Colorado Wheelers, (303) 761-6956. Basketball is another sport enjoyed by those in wheelchairs. Contact Ron Hayden at (303) 494-3215.

Bicycling is yet another sport for paraplegics and the blind to enjoy. Cycles with three wheels and hand pedals are available for those who cannot use their legs. While the blind can ride tandem bicycles with a sighted person up front.

For the blind, beeper balls, beeper targets, guide rails can be used in softball, soccer, archery, bowling, track and field, you name it.

During the winter months skiing is a popular past-time for Coloradans. This includes individuals with cerebral palsy, mental handicapping conditions, and amputees. People in wheelchairs are skiing with the aid of a sit ski-sled and two short poles. The sled is specially made to load safely on the chairlift. Blind individuals are skiing with the assistance of a sighted skier, who gives verbal cues. For more information on ski programs contact:

Hal O'Leary, Dir. Handicapped Programs, Winter Park Recreational Assn., Box 313, Winter Park, Colorado 80482.

Bruce Werber, Exec. Dir., BEOC, P.O. Box 697, Breckenridge, Colorado 80424.

Debbie Sharpe, Handicapped Ski Program, Powderhorn Ski Center, Grand Junction, Colorado 81501.

OTHER SOURCES OF INFORMATION

American Athletic Association of the Deaf
3916 Lantern Drive
Silver Spring, MD 20902
(301) 942-4042

American Blind Bowling Association
150 N. Bellaire Avenue
Louisville, KY 40206
(502) 896-8039

American Wheelchair Bowling Association, Executive Office
6718 Pinehurst Drive
Evansville, IN 47711

Amputee Sports Association
George Beckmann, President
St. Joseph's Hospital
11705 Mercy Boulevard
Savannah, GA 31406

Boy Scouts of America
Scouting for the Handicapped Service
P.O. Box 31060
Dallas-Ft. Worth Airport, TX 75261
(214) 659-2108

Cheff Center for the Handicapped
(Horseback Riding)
Lida L. McGowan, Exec. Dir.
Augusta, MI 49012
(616) 731-4471

4-H Youth Programs
Local County Extension Office
For information on available programs.

Girl Scouts of the U.S.A.
830 Third Avenue
New York, NY 10022
(212) 940-7500

National Association of Sports for Cerebral Palsy
Craig Huber, National President
P.O. Box 3874, Amith Station
New Haven, CT 06511
(203) 397-1402

National Wheelchair Athletic Assoc.
Nassau Community College
Garden City, NY 11530
(516) 222-1245

National Wheelchair Basketball Assoc.
110 Seaton Center
University of Kentucky
Lexington, KY 40506
(606) 257-1623

U.S. Assoc. of Blind Athletes
55 West California Avenue
Beach Haven Park, NJ 08008
(609) 492-1017

U.S. Blind Golfer's Assoc.
Patrick Browne, President
225 Varonne Street, 28th Floor
New Orleans, LA 70112

Vinland National Center
3675 Ihduhapi Road
Loretto, MN 55357
(617) 479-3555
(This is a health and sports organization.)

Wheelchair Pilots Assoc.
11018 102nd Avenue North
Largo, FL 33540
(813) 393-3131

REMINDER!!! If your address has changed and you wish to continue to receive Handi Helps, please notify me. Because the newsletter is sent by penalty mail, we pay postage costs each way, if it is returned to us.

Because so many of the readers of Handi Helps are teachers/principals and they will soon be on vacation, with schools closing for the summer, this will be the last issue of Handi Helps until next September.

Have a good summer,

Pauline Odegard-Johnson

Pauline Odegard-Johnson, M.S.
4-H Handicapped Programs Coordinator

Extension Agents/4-H Leaders--National 4-H Council will be presenting a 4-H Leader Forum: Reaching Out to Disabled Youth, Sept. 27-Oct. 2, 1982, Washington D.C. Cost of the forum is $248 + travel costs. A limited number of travel grants are available for 4-H volunteer leaders who have a special interest in work with blind youth. If interested in a grant, contact me immediately. Application forms must be to National 4-H Council no later than June 15, 1982.

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handi helps

February 1982

COMMUNITY RESOURCES THAT CAN HELP YOU WORK WITH HANDICAPPED INDIVIDUALS

Ann Saint-Denis, Extension Agent, Colorado, requested a list of resources that 4-H leaders and extension agents could call upon for help/assistance/ideas when incorporating handicapped youth into their 4-H clubs. I'll share the information in Handi Helps; others may find the list useful.

There are many resources in the community that are available to those interested in working with handicapped individuals and who want more information. Even a rural area has access to some of the resources which follow.

Many of the resources are basic, common sense, type contacts that can provide one with excellent information. The list is by no means complete; but it will give one a place to begin and will hopefully stimulate one to think of other places to go and contacts to make.

Reminder: Because a resource is listed, this does not mean that that person/agency will be able to help you in every instance. If they cannot help, be sure to ask if they can refer you to someone who can.

The addresses given are for those living in Colorado. For those who live in other states, consult your phone book or call directory assistance for the corresponding agency/contact in your state.

SPECIFIC RESOURCES:

American Foundation for the Blind
Regional Office
1860 Lincoln Street
Denver, Colorado 80203
861-9355

Blind Federation of Denver, Inc.
2232 S. Broadway
Denver, Colorado 80205
778-1130

Colorado School for the Deaf and Blind
West Hall Building
Kiowa & Institute Street
Colorado Springs, Colorado 80903
634-2745--Voice or TDD

Colorado Hearing and Speech Center
4280 Hale Parkway
Denver, Colorado 80220
322-1871

Center on Deafness
2250 Eaton Street
Edgewater, Colorado 80214
235-0015

Northern Colorado Center on Deafness
1865 10 Ave.
Greeley, Colorado 80631
352-2265

Colorado Association for Retarded Citizens
2727 Bryant L3
Denver, Colorado 80211
455-4411
(Many counties have an A.R.C. chapter.)

SPECIFIC RESOURCES CONT.:

Easter Seal Society
609 W. Littleton Blvd.
Littleton, Colorado 80120
795-2016

March of Dimes
Regional Office
8000 E. Girard Ave.
Denver, Colorado 80231
750-2010

Epilepsy Task Force
412 Clover Lane
Fort Collins, Colorado 80521
221-0871

GENERAL RESOURCES:

Staff at Centers Serving Handicapped People
e.g. Sheltered Workshops

Group Home Staff (Residential Care Facilities)

Community Centered Boards

Departments of Social Services

Public Health Departments

Libraries

Advocacy Groups for Handicapped Individuals

School District Offices

Local Schools

Special Education Teachers

Resource Teachers

Teachers

Universities/Colleges
e.g. Departments of Education, Special Education, Vocational Education, Human Development, Occupational Therapy, Psychology

Handicapped Individuals in Your Community

Parents of Handicapped Individuals

Siblings of Handicapped Individuals

Nurses

Occupational Therapists (OT)

Physical Therapists (PT)

Speech Therapists

Social Workers

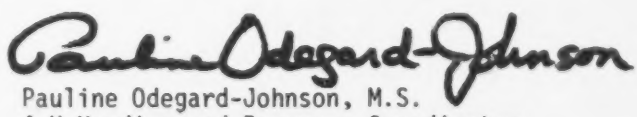
Yellow Pages of the Phone Book--
Look for agencies that provide services for disabled individuals or you think might.

Place an Ad in Your Local Newspaper--
Request someone with experience in working with people who have disabilities who would be interested in working with you.

Have Your Local Newspaper Do a Story on Your Program--Request interested people to contact you.

The above resources will vary in what they can provide. Some can offer written materials and newsletters, others can answer questions and tell you who to contact for what you need, and still others will be able to provide direct assistance.

There are alot of resources available to you. Be willing to make an effort to obtain the assistance/information that you need. Be willing to explore and be persistent. Additionally, don't forget the handicapped person you are working with, he/she can be your best resource and teacher.



Pauline Odegard-Johnson, M.S.
4-H Handicapped Programs Coordinator

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Other Statewide Agencies:

Association for Retarded Citizens in Colorado, 2727 Bryant Street, L-3, Denver, CO 80211; 455-4411.

Center on Deafness, 2250 Eaton Street, Edgewater, CO 80214; 235-0015.

Coalition for Persons with Disabilities, 2727 Bryant Street, Denver, CO 80211; 458-1119.

Colorado Association for Children with Learning Disabilities, 12020 East Arizona, Aurora, CO 80012; 755-8204.

Colorado Council on Exceptional Children, 4618 South Ivory Court, Aurora, CO 80015; 693-2859.

Colorado Epilepsy Association, 1835 Gaylord Street, Denver, CO 80206; 321-3266.

Colorado Mental Health Association, 1117 Cherokee Street, Denver, CO 80204; 595-3500.

International Hearing Dog, Inc., 5901 E. 89th Avenue, Henderson, CO 80640; 287-3277.

Legal Center for Handicapped Citizens, 1060 Bannock Street, Denver, CO 80204; 573-0542.

Mile High Down's Syndrome Association, 2727 Bryant Street, L-3, Denver, CO 80211; 480-1154.

Multiple Sclerosis Society of Colorado, 1390 Logan Street, Denver, CO 80203; 832-3728.

Muscular Dystrophy Association, Inc., 180 Cook Street, Denver, CO 80206; 321-1017.

National Federation of the Blind, 2232 South Broadway, Denver, CO 80210; 778-1130.

National Society for Autistic Children, 5031 West Quarles Drive, Littleton, CO 80215; 978-1440.

Spina Bifida Association, P.O. Box 22994, Denver, CO 80222; 756-5329.

United Cerebral Palsy Association, 2727 Columbine Street, Denver, CO 80205; 355-7337.

Glossary

Glossary

amputation	Partial or total loss of one or more limbs, such as a finger, toe, hand, arm or leg.
aphasia	The inability to speak.
autism	Medical researchers believe that autism is caused by a brain disorder which makes it harder for people to communicate, socialize and learn. Some characteristics include: being withdrawn and emotionally unresponsive, having repetitive behaviors.
barrier free architecture	Architecture which provides accessibility to those in wheelchairs and those using assistive and prosthetic devices.
cerebral palsy	Permanent disability caused by some injury or damage to the brain before, during or after birth and resulting in imperfect control of the muscles causing muscular in-coordination. In addition to poor muscle control and coordination there might also be problems with sight, seizures or mental retardation.
child abuse	The physical or mental injury, sexual abuse, negligent treatment or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare.
deaf-blind	Having both visual and hearing impairments.
deafness	Not able to hear speech and/or language completely through the use of the ear. The loss can be anywhere from mild to severe.
developmental disability	A severe and chronic mental and/or physical disability appearing during the developmental years (before age 22) and expected to continue indefinitely. Additionally the disability results in substantial limitations in a combination of self-care ability, learning, language, mobility, self-direction, capacity for independent living and economic self-sufficiency, requiring individualized special care and treatment of life-long or extended duration.
diabetes	Condition when the body cannot absorb or eliminate sugars properly because of an improper action of the pancreas which makes insulin. Treatment consists of medication and/or proper diet.
Down's syndrome	A form of mental retardation caused by one extra chromosome. The mental retardation ranges from mild to severe.
dyslexia	Disorder of persons who do not attain skills of reading and/or writing. These persons may learn only the basics of reading and may be able to write on a limited basis. Some may not read beyond a second grade level.

emotionally disturbed	Neurotic, psychotic, nervous or anxious behavior which interferes with the lives of other persons.
epilepsy	Abnormal brain activity which causes seizures of varying types and intensity. Causes include injury to the brain from accident, illness or chemical imbalance.
fingerspelling	Spelling out individual letters of words with the fingers.
grand mal seizure (generalized tonic-clonic)	Violent seizure lasting from two to five minutes. The entire body may shake, followed by temporary lack of consciousness. The person may lose bowel or bladder control and have heavy or irregular breathing.
habilitation	Training efforts to help individuals with disabilities develop their capacities, reduce dependency and make them as capable and independent as possible through programs appropriate to their needs and ability levels.
handicapped children	Refers to children evaluated as being mentally retarded, hearing impaired, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, deaf-blind, multi-handicapped or as having specific learning disabilities, who because of those impairments need special education and related services.
hearing impaired	Problems with hearing when the person does not adequately hear speech and/or language sounds. May be partial or total.
hyperactive	Unpredictable and disruptive behavior or becoming easily over excited.
learning disability	Problem in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations.
least restrictive alternative	If a child is disabled, he or she is not segregated into a program with only disabled children but rather is treated as an individual allowed to participate in all activities in which he or she is capable of participating — being restricted or limited as little as possible given his or her unique situation.
lip reading	Technique used to understand speech by interpreting the lip and facial movements.
mainstreaming	Placing handicapped and nonhandicapped individuals together in social and/or educational settings to the extent that the persons with disabilities choose.
mental illness	A group of acquired, treatable emotional disturbances. There are varied types and degrees. Mental illness is not the same as mental retardation.

multiple sclerosis	An unpredictable, potentially crippling disease of the central nervous system caused by hardening of patches of the brain and spinal cord. Onset occurs from age 20-40, resulting in difficulties in walking, talking, sensing, seeing and grasping.
muscular dystrophy	Disease of the muscles usually occurring between the ages of two and six. It is characterized by the progressive weakness of the skeletal muscles. Fat replaces the muscle fibers. The person will most often be in a wheelchair by the early teens. In the last stages of the disease, the person will be extremely thin. Rarely does the person live past the age of 20.
neurological handicap	Disability in certain part(s) of the brain which interferes with motor, electrical or muscular ability.
orthopedical handicap	Malformation, impairment, or disease which causes difficulties in one or more of the extremeties, such as an arm or leg.
partially sighted	Limited vision range.
paraplegia	Paralysis of legs and lower part of the body.
petit mal seizure (generalized absence)	Type of seizure characterized by staring and by twitching eyelids. There is no convulsion of the body. This seizure lasts less than one minute.
prosthesis	Artificial device which replaces a missing limb, such as an artificial leg or arm.
psychomotor seizure (partial seizure)	Inappropriate or purposeless behavior or bizarre actions usually lasting two to five minutes. An example would be aimless wandering and forgetfulness of where one is going or what he/she is doing.
Public Law (PL) 94-103	Section 504 of the Federal Vocational Rehabilitation Act prohibits discrimination against handicapped individuals in programs receiving Federal assistance, including education, employment and access to public services.
Public Law (PL) 94-142	The Education for All Handicapped Children Act of 1975 assures that all handicapped children have available to them ... a free and appropriate education which emphasizes special education and related services designed to meet their unique needs.
reinforcement	Immediate feedback to a person with the purpose of strengthening appropriate behaviors or stopping inappropriate behaviors. Rewards may be given or withdrawn.
seizure	Central nervous system reaction involving sudden convulsions of the body with partial or total loss of consciousness, disturbance of body functions or mental confusion.

sensoral handicap	Problems in one or more of the five senses. Hearing and sight are the most commonly affected.
sign language	System of communication by means of hand gestures.
speech therapy	Therapy designed to correct delays or errors in speech patterns or language development.
task analysis	Breaking down a skill into its individual and achievable parts in a step-by-step method.
total communication	Use of voices, speech, lip reading, sign language, fingerspelling and body gestures to communicate with a hearing impaired person.
visually impaired	Lack of sight ability less than 1/10th of normal vision when corrected by lenses.